122000/46495

	Requestor's Name)
(.	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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J DENINIS

COVER LETTER

Division of C	Corporations		
SUBJECT:		V 660	
	(Name of Res	sulting Florida Limited C	Company)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organization, ability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Brian C	larke (Contact Person)		1
_ Ove wa	(Firm/Company)		
<u> 3896 Nw 3</u>	Byth terr		
Laudardale	(Firm/Company) S4th terr (Address) Lake S FL City, State and Zip Code)	., 33311	
E-mail Address: (to b	@ gma.l . Com e used for future annual re	port notifications)	
For further information	on concerning this mat	ter, please call:	
Roan (Name of Conta	larke ct Person)	_at (<u>757</u>)(Area Code)(D	7/9-5965 Paytime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the l	nt: (All checks proce United States)	essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi	ress:	Stre	eet Address:
New Filing Se			v Filing Section
Division of C			ision of Corporations
P.O. Box 632	7		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
on A UG US+ 19, 2020 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OUT WAY LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $2 - 24 zz$
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this	day of	20	
Signature of Au	thorized Representative of Lim	ited Liability Company:	
	E		
Signature of Auth	norized Representative:	66	050
Printed Name:	Brian Clarke	Title:	CEO
Signature(s) on b	rehalf of Other Business Entity:	See below for required s	ignature(s)
Signature:	7- CC		
Printed Name:	Brian Clarke	Title:CEO	-
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	**************************************
Signature:		· · · · · · · · · · · · · · · · · · ·	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			•
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
If Florida Corpo	ration:		
	rman, Vice Chairman, Director, or	Officer.	
If Directors or Off	ficers have not been selected, an In	corporator must sign.	
ECINE DA 25			,
Signature of one (<mark>al Partnership or Limited Liabili</mark> Seneral Partner	ty Partnership;	
If Florida Limite	d Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALI	L. General Partners.		
All others:			
Signature of an au	thorized person.		
C.	•		
Fees:			
Articles o	f Conversion:	\$25.00	
	Horida Articles of Organization:	\$125.00	
Certified	<u>-</u>	\$30.00 (Optional)	
	e of Status:	\$5.00 (Optional)	
		we are (spinionin)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
_Our way	LLC
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

Name

S620 NW 10 th Ln

Florida street address (P.O. Box NOT acceptable)

Coral Spring S FL 33065

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

itle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Brian Clarke- AMBR
	2896 NW 34th Terr
	Lauderdale Lakes, FL
	33311

REQUIRED SIGNATURE:

ARTICLE V: Other provisions, if any.

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Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brian Clarke

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)